

**DO NOT WRITE IN THIS SPACE**

Date Received:	_____	Certification Type:	_____
Fee Amount:	_____	Certification #:	_____
Check #:	_____	Renewal Date:	_____
Receipt #:	_____	Date Renewal Card Sent:	_____

**STATE OF NEVADA  
BUREAU OF SAFE DRINKING WATER  
APPLICATION FOR RENEWAL OF  
WATER DISTRIBUTION/TREATMENT OPERATORS CERTIFICATE**

**INSTRUCTIONS**

- ❑ Complete application and attach continuing education verification information.  
Submit to Bureau of Safe Drinking Water, 901 S. Stewart Street, Suite 4001, Carson City, NV 89701 with the fee attached.
- ❑ Questions should be directed to the Bureau of Safe Drinking Water, (775) 687-9527.  
**Attn: Steve Brockway**
- ❑ ***THIS DOCUMENT MUST BE RETURNED.***

**FEES ARE NOT REFUNDABLE**

Renewal Applications are accepted from  
October 1 through December 31<sup>st</sup>.  
**Renewal fee is \$30.00**

Reinstatements are accepted from January 1st  
through June 30<sup>th</sup>.  
**Reinstatement fee is \$100.00**

Public Water System Name / I.D. #: \_\_\_\_\_  
(current employer if other than P.W.S.)

Certificate type, grade, #: \_\_\_\_\_

Full Name: \_\_\_\_\_  
print name as it appears on certificate

Mailing Address: \_\_\_\_\_  
NUMBER STREET APARTEMENT NUMBER  
CITY STATE ZIP CODE

Telephone: \_\_\_\_\_  
(WORK) (HOME)

**Continuing Education Units (1 CEU = 10 contact hours) Grades I and II = 5 contact hours**  
**Grades III and IV = 10 contact hours**

One contact hour equals one hour of continuing education experience under responsible sponsorship, capable directions and qualified instructions.

Credit for continuing education is granted for participation in a training course that has been preapproved by the Bureau of Safe Drinking Water with verification of attendance. Alternately, the Bureau of Safe Drinking Water may grant continuing education for attendance in a course if the course is relevant to the operation and maintenance of water treatment or water distribution. Verification

for attendance at a non-preapproved course must include course syllabus, instructor's name, instructor's title, instructor's address, length of course (hours), location of course, and a copy of the attendance list or letter from instructor verifying attendance.

**NAME OF COURSE CONTENT SUMMARY**

(Use additional sheets if necessary)

<b>NAME:</b> _____	<b>TOTAL HOURS OF ATTENDANCE</b>  _____
<b>DATE(S):</b> _____	
<b>LOCATION:</b> _____	
<b>INSTRUCTOR:</b> _____	
<b>INSTRUCTOR'S TITLE/EMPLOYER:</b> _____	

<b>NAME:</b> _____	<b>TOTAL HOURS OF ATTENDANCE</b>  _____
<b>DATE(S):</b> _____	
<b>LOCATION:</b> _____	
<b>INSTRUCTOR:</b> _____	
<b>INSTRUCTOR'S TITLE/EMPLOYER:</b> _____	

<b>NAME:</b> _____	<b>TOTAL HOURS OF ATTENDANCE</b>  _____
<b>DATE(S):</b> _____	
<b>LOCATION:</b> _____	
<b>INSTRUCTOR:</b> _____	
<b>INSTRUCTOR'S TITLE/EMPLOYER:</b> _____	

<b>FOR OFFICIAL USE ONLY</b>	
<b>CONTINUING EDUCATION APPROVAL</b>	
<b>Number of Contact Hours:</b> _____	
<b>Approval Signature:</b> _____	<b>Today's Date</b> _____